

PART B - FEE(S) TRANSMITTAL

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28204 7590 07/22/2004

SIEMENS SCHWEIZ
 1-44, INTELLECTUAL PROPERTY
 ALBISRIEDERSTRASSE 245
 ZURICH, CH-8047
 SWITZERLAND



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/018,797	04/18/2002	Eros Pedroni	635-48829-000 2003P15303 WOLLS	9253

TITLE OF INVENTION: DEVICE FOR CARRYING OUT PROTON THERAPY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	1330 665	\$0	\$1330	10/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GILBERT, SAMUEL G	3736	600-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jacob Eisenberg
 2 Paul Scherrer Inst.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Paul Scherrer Institut, CH-5232 Villigen (Switzerland)

09/24/2004 NROCHA2 00000086 502464 10018797
 01 FC:2501 665.00 DA
 02 FC:8001 6.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502464 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

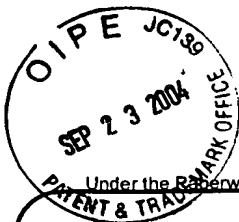
Jacob Eisenberg

09/24/2004

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TRANSMIT THIS FORM WITH FEE(S)



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/018,797	
	Filing Date	04/18/2002	
	First Named Inventor	Eros Pedroni	
	Art Unit	3736	
	Examiner Name	to be assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	2003P15303WOUS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks - Transmittal Form; - PART B-FEE(S) TRANSMITTAL; - return postcard;	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Jacob Eisenberg, Reg. No. 43,410; Customer No. 28,204 Siemens Schweiz, Intellectual Property Department, I-44, Albisriederstrasse 245, CH-8047, Zurich, Switzerland
Signature	
Date	September 21, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 			
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Signature		Date	

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